

**APPLICATION DATA SHEET****Application Information**

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?::

Computer Readable Form (CRF)?:: No

Number of Copies of CRF::

Title:: OPTICAL SEMICONDUCTOR PACKAGE

Attorney Docket Number:: 032404-080

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 16

Small Entity?:: No

Latin Name::

Variety Denomination Name::

Petition Included?: No

Petition Type:

Licensed US Govt. Agency:

Contract or Grant Numbers:

Secrecy Order in Parent Appl.?: No

### **Applicant Information**

Applicant Authority Type: Inventor

Primary Citizenship Country: Japan

Status: Full Capacity

Given Name: Hiroshi

Middle Name:

Family Name: ARUGA

Name Suffix:

City of Residence:

State or Province of Residence: Tokyo

Country of Residence: Japan

Street of Mailing Address: c/o Mitsubishi Denki Kabushiki Kaisha, 2-3,  
Marunouchi 2-chome

City of Mailing Address: Chiyoda-ku

State or Province of Mailing Address: Tokyo

Country of Mailing Address: Japan

Postal or Zip Code of Mailing Address: 100-8310

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Japan
Status::	Full Capacity
Given Name::	Shinichi
Middle Name::	
Family Name::	TAKAGI
Name Suffix::	
City of Residence::	
State or Province of Residence::	Tokyo
Country of Residence::	Japan
Street of Mailing Address::	c/o Mitsubishi Denki Kabushiki Kaisha, 2-3, Marunouchi 2-chome
City of Mailing Address::	Chiyoda-ku
State or Province of Mailing Address::	Tokyo
Country of Mailing Address::	Japan
Postal or Zip Code of Mailing Address::	100-8310
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Japan
Status::	Full Capacity
Given Name::	Kiyohide
Middle Name::	
Family Name::	SAKAI

Name Suffix::

City of Residence::

State or Province of Residence:: Tokyo

Country of Residence:: Japan

Street of Mailing Address:: c/o Mitsubishi Denki Kabushiki Kaisha, 2-3,  
Marunouchi 2-chome

City of Mailing Address:: Chiyoda-ku

State or Province of Mailing  
Address:: Tokyo

Country of Mailing Address:: Japan

Postal or Zip Code of Mailing  
Address:: 100-8310

### **Correspondence Information**

Correspondence Customer Number:: 21839

Phone Number:: (703) 836-6620

Fax Number: (703) 836-2021

### **Representative Information**

Representative Customer Number:: 21839

### **Domestic Priority Information**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application:: Parent Filing Date::</b>
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This Application	National Stage of	PCT/JP2003/008857 07/11/03
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### **Foreign Priority Information**

<b>Country::</b>	<b>Application Number::</b>	<b>Filing Date::</b>	<b>Priority Claimed::</b>
Japan	2002-204780	07/12/02	Yes

### **Assignee Information**

<b>Assignee Name::</b>	Mitsubishi Denki Kabushiki Kaisha
<b>Street of Mailing Address::</b>	2-3, Marunouchi 2-chome
<b>City of Mailing Address::</b>	Chiyoda-ku
<b>State or Province of Mailing Address::</b>	Tokyo
<b>Country of Mailing Address::</b>	Japan
<b>Postal or Zip Code of Mailing Address::</b>	100-8310